

CASE REPORTS

ing the concept that radioiodine is virtually curative. The present case serves to illustrate an exception.

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Establishment of an IV Route in Obstetric Patients

FUNDAMENTAL TO THE ADMINISTRATION of any anesthetic is the presence of a secure intravenous route. The placement, however, of something as large as a 16-gauge Intracath® can be traumatic to the patient, so that I strongly urge . . . putting a local anesthetic bleb into your point of puncture. Most people tend to place the intravenous needle bevel side up into the vein which increases the risks of perforating the vein and having a failed intravenous. Hence, I would recommend that a bevel-down introduction of the Intracath be done. Once the Intracath is in place, several options are now available if sudden large amounts of fluids need to be infused, such as, for example, blood. You can then go to a much easier form of intravenous administration, which is not as secure and consequently probably should be limited to use in unconscious patients, and that is the placement of a 16-gauge Butterfly®. Because it is so short, the Butterfly will tend to flow more readily than a large, long 16-gauge, either extracath or Intracath.

—WILLIAM GOTTSCHALK, MD, *Chicago*

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